



### 2022 Part B Affidavit

ALL MEDICARE-ELIGIBLE PARTICIPANTS MUST COMPLETE AND RETURN THIS FORM.

Each year during Open Enrollment, any Fulton County Medicare-eligible retiree, beneficiary or dependent **MUST** certify whether they are currently participating in Medicare Part B. **If you are Medicare-eligible, you should enroll in Medicare Part B!** If you don't return the 2022 Part B Affidavit, with a copy of your Medicare card, you will lose the Medicare subsidy currently provided to you by the County for 2022.

#### MEMBER INFORMATION

Retiree/beneficiary name:	
Retiree type: <input type="checkbox"/> 401(A) retiree (New Plan) OR <input type="checkbox"/> Defined Benefit retiree (Old Plan)	
Retiree/beneficiary SSN: ____ - ____ - ____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth: ____ / ____ / ____	Phone:
Street:	City:
	State:                      Zip:

#### If dependent is Medicare-eligible, please list.

Dependent name:	Dependent SSN: ____ - ____ - ____
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#### MEDICARE ELIGIBILITY

I hereby certify that my current enrollment in Medicare is below.

Retiree:	Medicare Part A: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Part B: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Effective date: ____ / ____ / ____	Effective date: ____ / ____ / ____
Medicare Number:		
Dependent:	Medicare Part A: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Part B: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Effective date: ____ / ____ / ____	Effective date: ____ / ____ / ____
Medicare Number:		

Retiree/beneficiary signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important! If at any time during the enrollment year you drop or stop your Part B coverage, YOU MUST NOTIFY THE FULTON COUNTY PENSION OFFICE IMMEDIATELY.**

Please return this completed form, along with a copy of your Medicare card, to the Fulton County Pension Office. To ensure timely processing, you are encouraged to email or fax your completed form.

**Email:** retireebenefits@fultoncountyga.gov      **Fax:** 404-612-1870

**Mail:** Fulton County Pension Office, 141 Pryor Street SW, Suite 7001, Atlanta, GA 30303